



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20180013
October 10, 2017

Ms. Mary Schantag
POW Network
102 Vixen Circle
Unit C
Branson, MO 65616

Dear Ms. Schantag:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek U.S. Navy Official Military Personnel File (OMPF) information pertaining to Daniel B. Bilzerian. Your request was received in this office on October 10, 2017, has been assigned FOIA case file number CNPC20180013 by this command.

A releasable copy of available responsive information is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Daniel B. Bilzerian and other identified individuals. Any potentially available adverse documentation contained in an OMPF is categorically denied under FOIA exemption (b)(6) should such information be contained in an applicable record.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a stylized flourish at the end.

D. P. GERMAN
FOIA/PA Officer
By direction

**ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**

[illegible]

HISTORY OF ASSIGNMENTS						10	31
1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5. INITIALS			
				GAIN	LOSS		
ENL 990409	MEPS <i>Tampa FL</i>		APR 29 1999	<i>A</i>	<i>A</i>		
TEM DU APR 29 1999	NAVCUITRACOM GREAT LAKES IL	30646	TRF JUL 27 1999	<i>A</i>	<i>A</i>		
TEM DU JUL 27 1999	SSC NTC GLAKES IL	30826	TRF 991124	<i>A</i>	BLF		
DUINS 99NOV29	STU BASUNDDM/SEAL TRA 173/169K NSWC CORONADO CA	46462	TRF 000323	<i>A</i>	<i>A</i>		
DUTY 00MAR23	USS MOUNT VERNON LSD 39 HP: SAN DIEGO CA SDCD: MAR00	20014	TRF 00JUN22	<i>A</i>	RDM		
TEM DU 00JUN22	TPU NAVSTA SDIEGO CA	32005	TRF 00OCT25	<i>A</i>	<i>A</i>		
DUTY (LIMDU) 00OCT25	NAVSTA SAN DIEGO CA	00245	TRF 01JUN24	<i>A</i>	<i>A</i>		
DUINS 01AUG07	NAVSPECWARCEN/BUDS CORONADO, CA	46462	RAD 03APR28	<i>A</i>	<i>A</i>		
03-04-29	NRPC NOLA (RECORDS ONLY)			<i>D</i>	<i>S</i>		
Name (Last, first, middle initial) GILBERTAN, DAN S		SOCIAL SECURITY NUMBER 06 [REDACTED]		BRANCH/CLASS 11			

AVPERS 1070/605 (Rev. 10-89)
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CIVIL 11 2011-11-11

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) BILZERIAN, DANIEL BRANDON	2. SOCIAL SECURITY NO. 593-44-2244	3. DATE OF BIRTH 12/07/1980	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT	CLAIMS NAVY	1999-2003				
b. RESERVE COMPONENT	PLEASE SEND DETAILED DUTY ASSIGNMENTS, COMBAT HISTORY AND GEOGRAPHICAL LOCATIONS -					
c. NATIONAL GUARD	Please DO NOT SUMMARIZE the assignments - dates, units, locations needed. PLEASE PROVIDE ORDERS AND CITATION TEXT FOR ANY AWARDS OF VALOR					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

and ☒ All Documents in Official Military Personnel File (OMPF)

☐ Medical Records (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____

☒ Other (Specify): **REQUEST: MINIMALLY - SPECIAL ORDERS; list of and dates for AWARDS,**

2. PURPOSE: **DECORATIONS; DETAILED DUTY ASSIGNMENTS, COMBAT HISTORY, DATES, GEOGRAPHICAL LOCATIONS, COMBAT HISTORY**
response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request. Check appropriate boxes.

☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal

☒ Other, explain: **FRAUD INVESTIGATION**

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

☐ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____

(Relationship)

☐ Legal guardian (Must submit copy of court appointment.)

☒ Other (specify) **Network Fraud Investigator**

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

P.O.W. NETWORK

Name **Mary Schantag**

Street **102 Vixen Circle, Unit C** Apt.

Branson, MO 65616

City State Zip Code

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Mary P Schantag 10/09/17
Signature Required / Do not print Date

Daytime phone **417-336-4232** Fax Number

Email address **info@pownetwork.org**